

# Child Health Screening Form

Date: \_\_\_\_\_ Child Care Program: \_\_\_\_\_

Please answer the following questions to the best of your ability:

Child's Name	Does your child have a fever, cough, sore throat, or shortness of breath? Y or N	Has your child or anyone in the household traveled outside the country in the past month? Y or N	Has your child come into contact with anyone who has tested positive with COVID-19? Y or N	Is anyone in your child's household experiencing signs of illness? Y or N	Child's temperature	Parent signature (agreeing to the information)	Staff person initials

\*Centers for Disease Control and Prevention – Coronavirus Disease 2019 (COVID-19) How to Protect Yourself-  
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

March 23, 2020